



CITY LICENSE  
(316) 268-4553

**COIN-OPERATED AMUSEMENT/MUSIC DEVICE(S)**

**LICENSE APPLICATION**

COMPLETE IN DUPLICATE

Expires May 31

\_\_\_\_\_ Independent Owner.....\$ 50.00 + \$1.00 per machine

\_\_\_\_\_ New

\_\_\_\_\_ Operator.....\$600.00 + \$1.00 per machine

\_\_\_\_\_ Renewal

\_\_\_\_\_ Number of Machines

**BUSINESS INFORMATION:**

Business Name		Phone	
Business Address		Zip	
Mailing Address		Zip	

- What is the business arrangement for which you are purchasing the license?  
Individual Proprietorship \_\_\_\_\_; Partnership \_\_\_\_\_; Corporation \_\_\_\_\_

**APPLICANT(S) INFORMATION:** Complete the information below for the following persons:

- Individual Proprietor;**
- Each partner and any other person who supplies financial support in a partnership;**
- All stockholders owning more than 10% of the stock;**
- The president of the corporation if he/she is not a stockholder owning more than 10%;**
- The general manager or such person generally responsible for the operation of the business.**

If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Date of Birth	
Home Address		City & State	
Home Phone		Zip Code	

Has any person listed on this application:

- Been convicted of a felony or any crime involving moral turpitude five years prior to the filing of this application?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Ever been denied an amusement/music device license?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- Ever had an amusement/music device license revoked?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any person listed on this application who:

- Has not been a resident of the State of Kansas for five years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has not been a resident of Sedgwick County for two years prior to filing this application? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is not a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF THE ANSWER TO ANY OF THE ABOVE MENTIONED QUESTIONS IS "**YES**", EXPLAIN **IN DETAIL** ON THE REVERSE SIDE OF THIS APPLICATION OR ATTACH A SEPARATE PIECE OF PAPER TO THIS APPLICATION.

To the best of my knowledge, the information on this application is true and correct, and I am familiar with, and will abide by, all applicable ordinances that govern this business. I also agree to furnish any additional information requested regarding the above contents of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FOR OFFICIAL USE ONLY**

	Approved	Disapproved	Date
Chief of Police			
Vice Section			
License Number		Date Issued	
Numbers of decals issued		Total fee collected	